

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9	1		1			
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27					1	
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32						1
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35						1
36						1
37						1
38						1
39						1
40					1	
41						1
42						1
43						1
44						1
45					1	
46						1
47						1
48						1
49						1
50						1
TOTAL IND.	1		1		4	
TOTAL DEP.					2	
TOTAL CLAIMS	1		1		6	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS